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Statewide Support Services

Requests For Proposals

Overview

GOVERNMENT DOCUMENTS
COLLECTION

JUN 15 1998

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DOCUMENT ONE

Massachusetts Department of Public Health

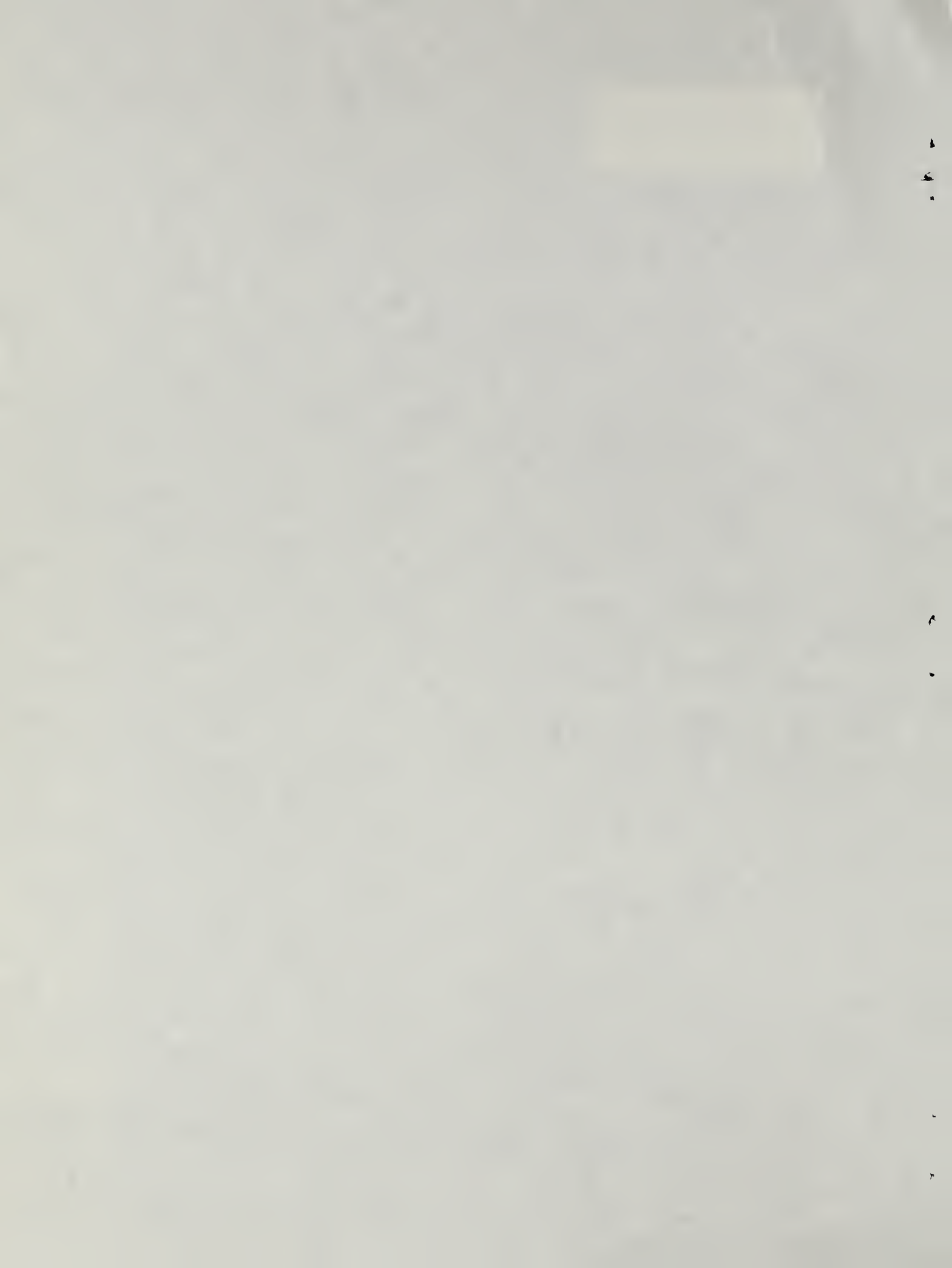
Bureau of Communicable Disease Control

Bureau of Family and Community Health

Bureau of Substance Abuse Services

HIV/AIDS Bureau

November 1996





The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

WILLIAM F. WELD
GOVERNOR

ARGEO PAUL CELLUCCI
LIEUTENANT GOVERNOR

JOSEPH GALLANT
SECRETARY

DAVID H. MULLIGAN
COMMISSIONER

November, 1996

Dear Friend of Public Health:

I am pleased to announce the release of the Department of Public Health's Request for Proposals (RFP) for Statewide Support Services. With the service contracts that will be generated through this RFP process, the Department will be entering into partnerships with health service organizations such as yours to improve the health status of the residents of the Commonwealth.

As a result of discussion between and among the various bureaus of the Department and in consultation with the 27 Community Health Networks statewide, I am pleased to report that this year we will be consolidating the purchase of a number of statewide services including prevention, training centers, targeted capacity building, telephone information, referral, and counseling, and educational materials development and dissemination.

We have incorporated a number of your ideas and suggestions that we believe will make the RFP process easier and enable you to do what you do best - develop and provide the types of programs and services which meet the health needs of the public and the people who serve them.

I am committed to working with all of you in strengthening our community-based statewide partnership for public health. Thank you for all the wonderful work you have done in the past - I value your efforts, welcome your ideas, and wish you all the best.

Sincerely,

A handwritten signature in cursive script, appearing to read "David H. Mulligan".

David H. Mulligan
Commissioner

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**STATEWIDE SUPPORT SERVICES RFP
OVERVIEW**

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH REQUEST FOR PROPOSALS STATEWIDE SUPPORT SERVICES

I. INTRODUCTION

A. DEPARTMENT OF PUBLIC HEALTH

1) DEPARTMENT OVERVIEW

The Massachusetts Department of Public Health (DPH) is dedicated to maintaining, protecting and improving the health and well-being of the residents of the Commonwealth. The Department accomplishes this mission through implementation of the following core public health functions:

- **Assessment:** tracking health behaviors and outcomes related to disease, injury and disability, and identifying emerging health issues and disparities in health status.
- **Policy Development:** developing collaborative relationships, and working closely with public health constituency groups to support and develop effective public health interventions.
- **Assurance:** developing and implementing standards, guidelines and regulations regarding safety, access and quality of care, and training.

Currently DPH supports community-based public health services through more than 1,600 contracts, valued at approximately \$230 million, with approximately 550 providers in communities across the state. These services include prevention and education, early intervention, primary care, treatment and specialized services that address health issues such as HIV/AIDS, substance abuse, infant mortality, low birth weight babies, chronic diseases, STDs, TB and child lead poisoning.

Beginning with the first Community Health Network Area Request (CHNA) for Proposals (RFPs) in FY 1992, DPH has adopted a purchase of service policy that promotes improvements in health status through an emphasis on service coordination and linkages. This shift toward fewer, more comprehensive RFP documents has enabled the Department to support active cooperation among and between health service providers, leading toward concrete health improvement and outcomes. As a separate, but linked strategy, DPH continues to work with communities through 27 CHNAs statewide to enhance community efforts to improve health. A second CHNA RFP will be issued in February, 1997.

Through this Statewide Support Services RFP, the Department is consolidating the purchase of Prevention; Training; Targeted Capacity Building; Telephone Information, Referral, and Counseling; and Education Material Development and Dissemination services that are necessary to support the various community based services across the state.

Statewide Services Support vendors will be expected to participate in and cooperate with DPH CHNA activities as necessary.

2) AGENCY PRINCIPLES

DPH seeks to enter into partnerships with provider agencies to develop a public health system of care that is guided by principles that promote continuous health improvement, especially for vulnerable members of the population. The most important of these principles are as follows:

- **The system promotes a comprehensive network of community programs and care**, which are planned and implemented to enable people to gain access or be referred to appropriate prevention, personal health and treatment services.
- **The system is community and consumer based** and has significant involvement by communities/families, both traditional and non-traditional/individuals with professionals in the design, delivery and evaluation of services and programs. The locus of responsibility should remain at the community level. Services and programs should encourage peer group involvement and/or family-centered support, boards of directors and/or advisory committees which have representatives from the community.
- **The system values diversity** such that community activities, services and care are planned and provided with competencies in culture, language, disabilities, developmental stage, socioeconomic status, sexual orientation, age, and gender.
- **The system is prevention oriented** and community activities, services and care are planned to create conditions that promote personal and community attributes contributing to the well-being of people. This system promotes and protects health by building on individual and community strengths to reduce the incidence of disease and injury before they occur.
- **The system is accountable** such that community activities, services and care are designed to be results-oriented and have quality assurance and quality improvement procedures in place. This system would also make use of best programmatic practices and be governed by sound financial and data reporting policies and procedures, geared toward delivering services in the most cost-efficient and effective ways possible.

B. STATEWIDE SUPPORT SERVICES-REQUESTS FOR PROPOSALS

The Department of Public Health (DPH) seeks proposals from qualified vendors to provide statewide support services for the continued enhancement of a comprehensive continuum of public health services. The goal of statewide support services is to support providers and communities in their efforts to address the complex public health needs of Massachusetts residents. These support services are provided through planning, consultation/technical assistance, training, and other system building activities.

The services being procured through these RFPs are diverse in nature yet maintain an overall common mission. As knowledgeable professionals in their fields of concentration, funded organizations examine issues, contribute to statewide planning and policy development, provide coordination, consultation/technical assistance, training, and public information services.

- Included in the supplemental documents are twenty-four (24) separate RFPs, representing individual and combined purchases by the Bureaus of Communicable Disease Control, Family and Community Health, HIV/AIDS, and Substance Abuse Services. Bidders responding to more than one RFP must submit a separate proposal for each RFP. The Statewide Support Services RFP is divided into the five (5) categories below.
- **Prevention:** to enhance the community's and the system's capacity to plan, develop, implement and maintain effective health promotion and prevention programs through the provision of public information, technical assistance and training while working with coalitions, community organizations and institutions, as well as community leaders and consumers.
- **Training:** to advance the knowledge, skills and competency of targeted groups of health and human services professionals and consumers, through the development and implementation of a wide range of statewide and regional training activities.
- **Targeted Capacity Building:** to facilitate and support systems change through the development and implementation of strategies at the program and system level; targeted capacity development activities are supported through coordination, technical assistance, consultation and resource development and/or public information.
- **Telephone Information, Referral and Counseling Services:** to provide free, confidential and non-judgmental information to callers about local, regional and state services and resources; provide limited crisis stabilization, and promote public awareness about particular public health issues.
- **Education Materials Development and Dissemination:** to educate a wide, diverse audience about an array of public health issues by developing and disseminating educational materials that are culturally, linguistically and age appropriate.

II. PROCUREMENT AND CONTRACT ADMINISTRATION INFORMATION

A. TIMETABLE

<u>EVENT</u>	<u>DEADLINE</u>
RFP released	November 25, 1996
Bidders' Conferences	December 11, 1996 (Boston) December 12, 1996 (Worcester)
Letters of Intent due	January 3, 1997
Provider Profile Electronic Document due	January 10, 1997
Proposals due	February 14, 1997
Intent to Award	April 14, 1997
Negotiations	April 15-May 15, 1997
Award announcements	May 15, 1997
Contract(s) starts	July 1, 1997

B. RFP PROCESS

General Submission Instructions

A letter of intent signed by a legally authorized representative of the organization should be received by January 3, 1997. The letter should state the bidder's principal purchasing agency (PPA), if it has one, and indicate the RFP being bid.

Letters of intent should be sent to:

Attn: James Cremer
Statewide RFP Coordinator
250 Washington Street
3rd Floor
Boston, MA 02108

All applicants will be required to submit by January 10, 1997 a completed **Provider Profile Electronic Document** to be considered a qualified bidder for the Statewide Support Services RFP and/or the CHNA RFP to be released in February, 1997. Please refer to part (C) Qualified Bidder Requirements of this section of the RFP for further details.

An original proposal and five copies must be received by the Department no later than **4 p.m., February 14, 1997**. The proposal must be signed by an authorized signatory of the bidding organization. Proposals must be of a format and quality that permits easy reproduction and must be submitted in a sealed container. Bound copies will not be accepted. Applicants should carefully check page limitations for the individual RFP they are responding to as limits will be strictly enforced. A standard 12 point font is to be used for all proposals. Faxed materials will not be accepted. Proposals must be clearly labeled and submitted in separate containers if more than one RFP is being responded to.

PROPOSALS MUST BE DELIVERED BY THE DUE DATE AND TIME TO EITHER THE DPH CENTRAL OFFICE LIBRARY OR ANY OF THE DPH REGIONAL OFFICES LOCATED AT:

Massachusetts Department of Public Health
Central Office Library
250 Washington Street, 3rd floor
Boston, MA 02108-4619

Central MA Public Health Office
180 Beaman Street
West Boylston, MA 01583

Western MA Public Health Office
23 Service Center
Northampton, MA 01060

Southeast MA Public Health Office
109 Rhode Island Road
Lakeville, MA 02347

Northeast MA Public Health Office
Tewksbury Hospital
East Street
Tewksbury, MA 01876

Metro Boston Public Health Office
Lemuel Shattuck Hospital (Nursing Bldg.)
180 Morton Street, 3rd Floor
Jamaica Plain, MA 02130

All proposals and related documents submitted in response to this RFP are public records under the Massachusetts Freedom of Information law (M.G.L., c. 66, para. 10 and c. 4, para. 7) regarding public access to such documents.

**** PROPOSALS NOT SUBMITTED BY THE STATED DEADLINE ****
**** WILL NOT BE CONSIDERED FOR REVIEW ****

Bidders' Conferences

All applicants are encouraged to attend either of two Bidders' Conferences scheduled as follows:

Date: Wednesday, December 11, 1996
Time: 1-3 p.m.
Place: DPH State Lab Auditorium
305 South Street
Jamaica Plain, MA
(Boston)

Date: Thursday, December 12, 1996
Time: 1-3 p.m.
Place: Hogan Campus Center
Holy Cross College
College Street
Worcester, MA

The format for the Bidders' Conferences will consist of an initial general overview of the Statewide Support Services RFP which will be provided to all conference attendees. Following this initial presentation, five individual break out groups will convene simultaneously to provide the opportunity for specific discussion pertaining to the five different categories of statewide support services being procured. Potential bidding agencies should plan to have sufficient staff present at the Bidders' Conference to ensure adequate representation at each of the categorical break-out groups that are of interest.

Technical Assistance

Applicants who need assistance developing technical aspects of their proposal should refer to the beginning of each of the five (5) categorical booklets for designated contact persons for each individual RFP. Contact persons are also listed within each of the individual RFPs.

Review and Evaluation

Proposals from qualified bidders will be reviewed and evaluated according to the criteria included in each RFP. All Bidders shall be accorded fair and equal treatment with respect to any opportunity for minor corrections of proposals after submission and prior to the final selection of contract. However, no correction of proposal prices or supplemental information prejudicial to the interests of the Commonwealth or to fair competition shall be permitted.

A Bidder's proposal shall be in writing conforming to the specifications of the RFP. Bidders may not engage in collusion with any other party for the purpose of inhibiting full, free and fair competition. The prohibition of collusion shall not prevent collaboration among bidders in the preparation of joint proposals. All collaborative projects need to be demonstrated in writing detailing roles, responsibilities, and activities of each party.

At any time during the proposal review process the DPH may invite or require applicants to make oral presentations of written proposals, answer questions, and for purposes or clarification only, submit additional information.

During the proposal review process, or at any time prior to selection, the Department or any individual Bureau may cancel the procurement or reject all proposals for the entire Statewide Support Services RFP, or any of the (24) individual RFPs, whenever a fair and open competitive procurement has been compromised; or whenever the Department determines that such action is in the best interest of the Commonwealth. The Department shall provide written notice of cancellation to all Bidders that requested a copy of the RFP or that submitted proposals, state the reason(s) for the cancellation.

Competitive (pre-award) Negotiations

At its discretion the Department may choose to engage in competitive negotiations with all qualified bidders. In this case each qualified bidder will be notified in writing and afforded equal opportunity to engage in negotiations. Bidders will be allowed at least five (5) working days after the close of negotiations to submit a revised proposal.

In the course of negotiations the Department may modify its specifications. However, it may not modify them to the extent that prospective bidders, who did not respond to the original RFP, might have responded to a newly revised RFP. An amendment to the RFP will be provided to prospective bidders who received copies of the original RFP. The Department reserves the right to amend the RFP at any time prior to the deadline for submitting proposals.

Award Notification

A prioritized list of applications will result from the review and evaluation. The contract(s) shall be awarded to the responsible qualified bidder(s) which submitted a proposal most advantageous to the Commonwealth. Upon award of the contract(s) bidders will be notified of their standing.

Debriefing

Within fourteen (14) calendar days after award notification letters (as indicated by postmark) any bidder may request a debriefing. A debriefing provides the bidder with an opportunity to: 1) discuss with designated DPH staff the basis for the award decisions, and/or 2) examine proposals, a list of awards, evaluation materials, and ratings from the review committee. Aggrieved bidders must participate in a debriefing before being permitted to file an appeal. Requests for debriefings should be sent to the designated contact person specified for each individual RFP. Listings of contact persons with their addresses can be found at the beginning of each of the five (5) categorical booklets. Contact persons are also listed within each of the individual RFPs.

Right to Administrative Appeal

After a debriefing, any pre-qualified bidder still aggrieved by a decision of the Department may appeal the decision to the Commissioner of Public Health or his/her designee within fourteen (14) calendar days of the debriefing. An appeal should be based on one or more of the following grounds:

1. DPH's competitive bidding practices failed to comply with applicable regulations and guidelines.
2. The information available to the bidder, both in the RFP document and outside the RFP, varied sufficiently to result in an unfair competitive process
3. The scoring procedure failed to reflect the reasonable examination by the evaluation committee of the contents of the proposals submitted by competing bidders.

Any qualified bidder aggrieved by a decision of the Commissioner or his/her designee regarding interpretation or application of any published policy or procedure may appeal the decision to the Assistant Commissioner of the Division of Purchased Services (DPS) within fourteen (14) calendar days of notice of the decision.

All appeals from qualified bidders shall be in writing, specifying in detail the basis for the grievance. All decisions of the Commissioner or DPS shall be rendered in writing within ninety (90) days of the appeal. Pending appeals shall not prohibit the Department from proceeding with procurement or executing agreements.

C. QUALIFIED BIDDER REQUIREMENTS

The Provider Profile Electronic Document

Provider agencies wishing to bid for services through either this Statewide Support Services RFP or the Community Health Network RFP (scheduled to be released in mid February) must first

complete the *Provider Profile* document questionnaire contained on a diskette and send the completed diskette back to the Department of Public Health. This information will be entered into an electronic file that will be initially reviewed for completeness and accuracy, and may receive narrative commentary by relevant program staff. The *Provider Profiles* will be evaluated in conjunction with the program proposal(s) submitted by that agency, and using the criteria set forth in the evaluation section of the relevant RFP. (The information contained in the *Provider Profile* may be used later for other appropriate DPH purposes, such as to determine the need for technical assistance around consumer participation or board development, or to obtain a generalized understanding of the kinds of organizations wishing to do business with the Department.)

It is strongly advised that a provider agency complete the *Provider Profile* by the deadline indicated below **EVEN IF THE AGENCY'S INTENTIONS REGARDING SUBMISSION OF APPLICATIONS HAVE NOT BEEN FULLY DETERMINED FOR EITHER THE STATEWIDE SUPPORT SERVICES OR COMMUNITY HEALTH NETWORK RFPs.** Proposals will not be accepted unless the Department has a completed Provider Profile for the bidding provider.

While completion of this Provider Profile by a provider agency is a necessary pre-condition for review of proposals under the two RFPs, it does not constitute a guarantee of funding by the Department.

Please note that this Provider Profile is not part of the Commonwealth of Massachusetts Executive Office of Health and Human Services Prequalification process. Provider agencies must be prequalified to do business with the Commonwealth, by demonstrating that they meet minimum administrative and fiscal standards. While it is not necessary to be prequalified in order to respond to this Provider Profile information request, it will be a condition of award for any contracts issued under the Community Health Network RFP and the Statewide Support Services RFP. Information on the prequalification process may be obtained by contacting Joanne Tsatis McMahan or Jennifer Nystrom of DPH's Purchase of Service Office at (617) 624-5800. Diskettes containing completed Agency Profiles must be submitted to the Department no later than January 10, 1997, as follows:

Hong Vuong
Community Health Network, Second Floor
Department of Public Health
250 Washington Street
Boston, MA 02108-4619

TEL: (617) 624-5255

Agencies submitting diskettes after this date will not qualify to submit proposals under either the Statewide Services RFP or the Community Health Network RFP. Likewise, diskettes that are deemed by the Department to be defective shall be returned to the bidding agency.

If you are a vendor and have not received the Provider Profile Electronic Document or if your agency is not currently contracting with the Department to provide services, please complete the Agency Profile form in Appendix B of this RFP and fax it to the number provided on the form, so that appropriate materials can be sent to you.

Prequalification

Prior to entering into a contract with any of the Executive Office of Health and Human Services (EOHHS) agencies a provider must demonstrate that it meets minimum administrative and fiscal standards, or is "prequalified". Prequalification is the process the Commonwealth uses to be assured it has minimized possible risks to clients and families being served through purchased programs.

New bidders should be prequalified before their proposals are reviewed. As soon as the DPH Purchase of Service Office is notified of a bidder's interest, via a letter of intent or a request for the RFP package, a complete package of prequalification materials will be sent to the bidder. Prequalification materials must be completed and returned directly to the POS Office on or before the date the proposal is due. New bidders who have not received the package within one week of receiving this RFP should contact the DPH POS Office at (617) 624-5800.

Bidders who currently hold a contract with DPH or any other EOHHS agency do not need to submit prequalification materials as part of this RFP process. That information will automatically be requested of the provider during the annual prequalification process for current vendors.

NO PROPOSAL MAY BE REVIEWED UNLESS ALL PREQUALIFICATION SUBMISSION REQUIREMENTS ARE MET.

D. CONTRACTING POLICIES

Contract Negotiations

Once a successful bidder has been notified of its award, the Department may begin negotiating to reach a contractual agreement. Negotiations will be limited to terms and conditions not specifically addressed in the RFP or the bidder's written proposal, and/or to matters that do not significantly alter the proposal.

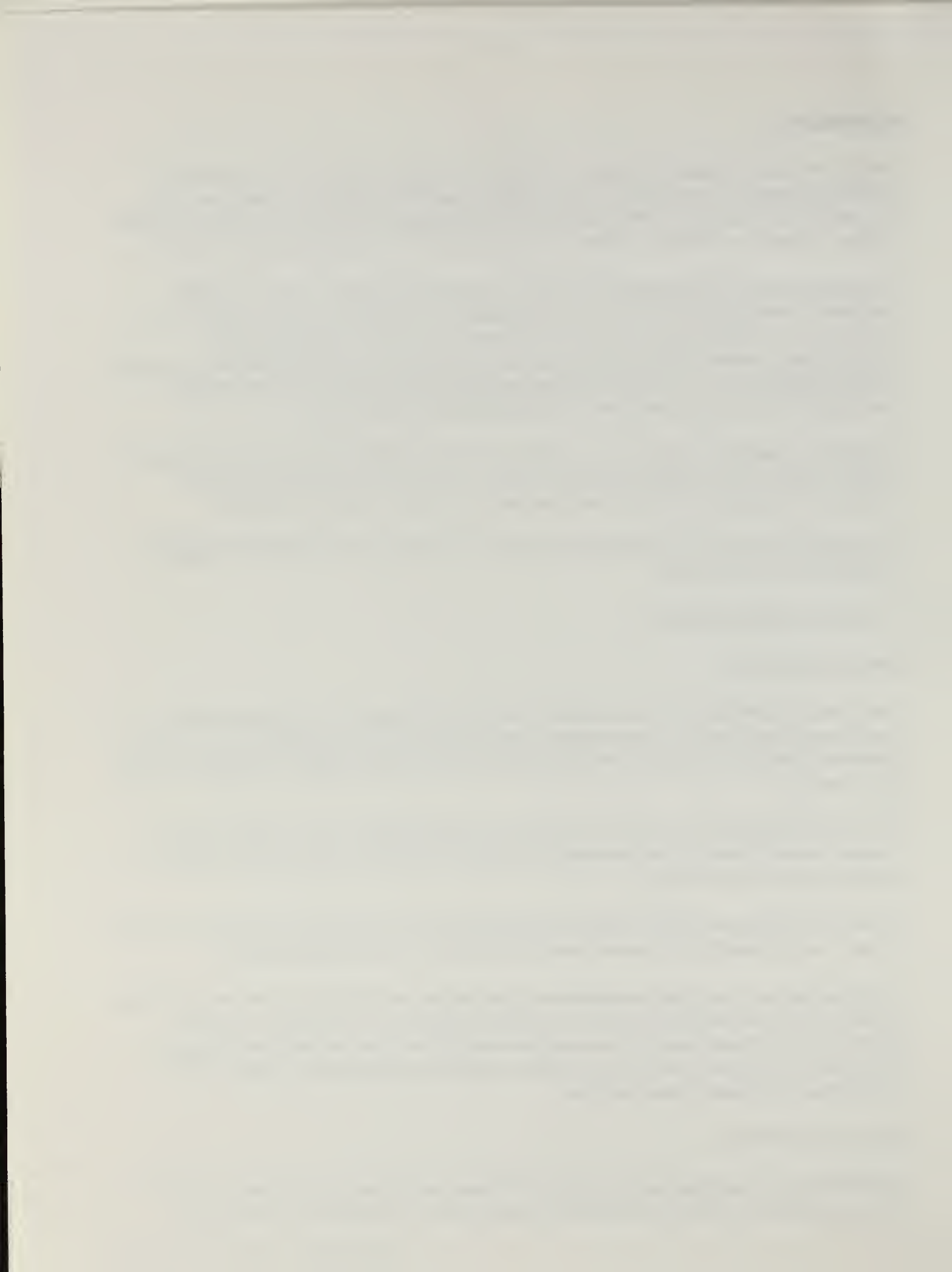
The specifications and contents of the proposal of the successful bidder may become part of any contract awarded. Therefore, the proposal should include only those statements which a bidder is prepared to agree to contractually.

In the event the Department fails within a reasonable time to reach agreement with the first prioritized bidder, it may disqualify that bidder and award the contract to the next prioritized bidder.

A service contract is not legally enforceable without a current, signed Master Agreement on file with the state Comptroller which certifies that the provider will abide by certain general conditions specified by the Commonwealth. These conditions include provisions on non-discrimination in hiring and service delivery, avoidance of conflict of interest, compliance with confidentiality regulations, and affirmative action policies.

Reimbursement Policy

DPH funding only supports program costs for which there are no other or inadequate sources of funds. Applicants must demonstrate that all other resources of reimbursement available to the



program are fully utilized, and a system must be in place to accurately identify all program income. Programs must screen clients for eligibility for Medicaid, other third party insurance, and other funding sources (e.g. Healthy Start) as appropriate for the programs type. No funds will be awarded without specific justification of need beyond other sources of income.

Procurement Reform

The Governor's Executive Order 384, aimed at "reducing unnecessary regulatory burden" brought renewed focus to the existing system of procurement and the ways in which existing regulations prevent state Departments from "doing the right thing". As a result of Executive Order 384 the Department of Public Health anticipates new regulations to be in effect as of January 1997 and changes to the contracting process (e.g. new forms, new reimbursement/pricing strategies -- such as but not limited to, capitated payment, risk sharing arrangements, performance pricing and payment; simplification of the line item budget, multi year contracts) will be incorporated into contract awards resulting from this procurement.

This RFP is being procured under 808 CMR 2.00 but the Department of Public Health reserves the right to make contract awards as a result of this RFP for a five year duration with the option to extend those contracts for three one year renewals based on contract performance, service need and availability of funds. In addition the Department also reserves the right to increase the maximum obligation to contracts awarded as a result of this procurement, throughout the entire duration of the contract, if additional funds become available subject to provider performance and service need.

Hiring State Employees

Executive Order 346, "Establishing a Policy Governing the Hiring of State Employees by State Contractors in Connection with Privatization Initiatives," dated 12/2/92, prohibits the Provider from hiring at any time during the term of a particular service contract for the privatization of services, and for any position within the Provider's agency, any Commonwealth management employee who is, was, or will be involved in the preparation of the Request for Proposals leading to the service contract, the negotiations leading to the awarding of the services contract, the decision to award the service contract, and/or the supervision or oversight of performance under the service contract. This prohibition is in addition to the requirements imposed by the Commonwealth's Conflict of Interest Law M.G.L. c. 268A.

Minority Business Purchasing Policies

Executive Order 237 and 801 CMR 11.00, the Minority Business Development Program Regulation, require state agencies to take affirmative steps to identify and contract with minority service providers.

Qualified and certified minority business enterprises (MBEs) are strongly encouraged to submit proposals in response to this RFP. MBE status will be considered favorably in the evaluation process.

More information on certification as a MBE may be obtained from the State Office of Minority and Women Business Assistance at (617) 727-8692.

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Subcontracting Policies

Subcontracting is sometimes necessary to purchase services that cannot be provided by the applicant agency. There are minimum subcontracting purchasing requirements.

A subcontract must be executed when a significant amount of services, or a clearly defined portion of a program being purchased by DPH from a provider, will be delivered by another agency/vendor.

Although significance is not defined in regulation, the Department determines significance based on the **total** reimbursable amount of Line (206), Subcontracted Direct Care. That is, if the reimbursable amount budgeted on that line **in total** is equal to or greater than 10% of the maximum obligation or \$25,000 (whichever is less), then any individual subcontract that makes up that total amount and is equal to or greater than \$5,000 will require a formal subcontract. This is regardless of whether or not that subcontract by itself is less than 10% of the maximum obligation. Any subcontract agreement for less than \$5,000 will not require a formal subcontract document unless the subcontract by itself exceeds 10% of the maximum obligation.

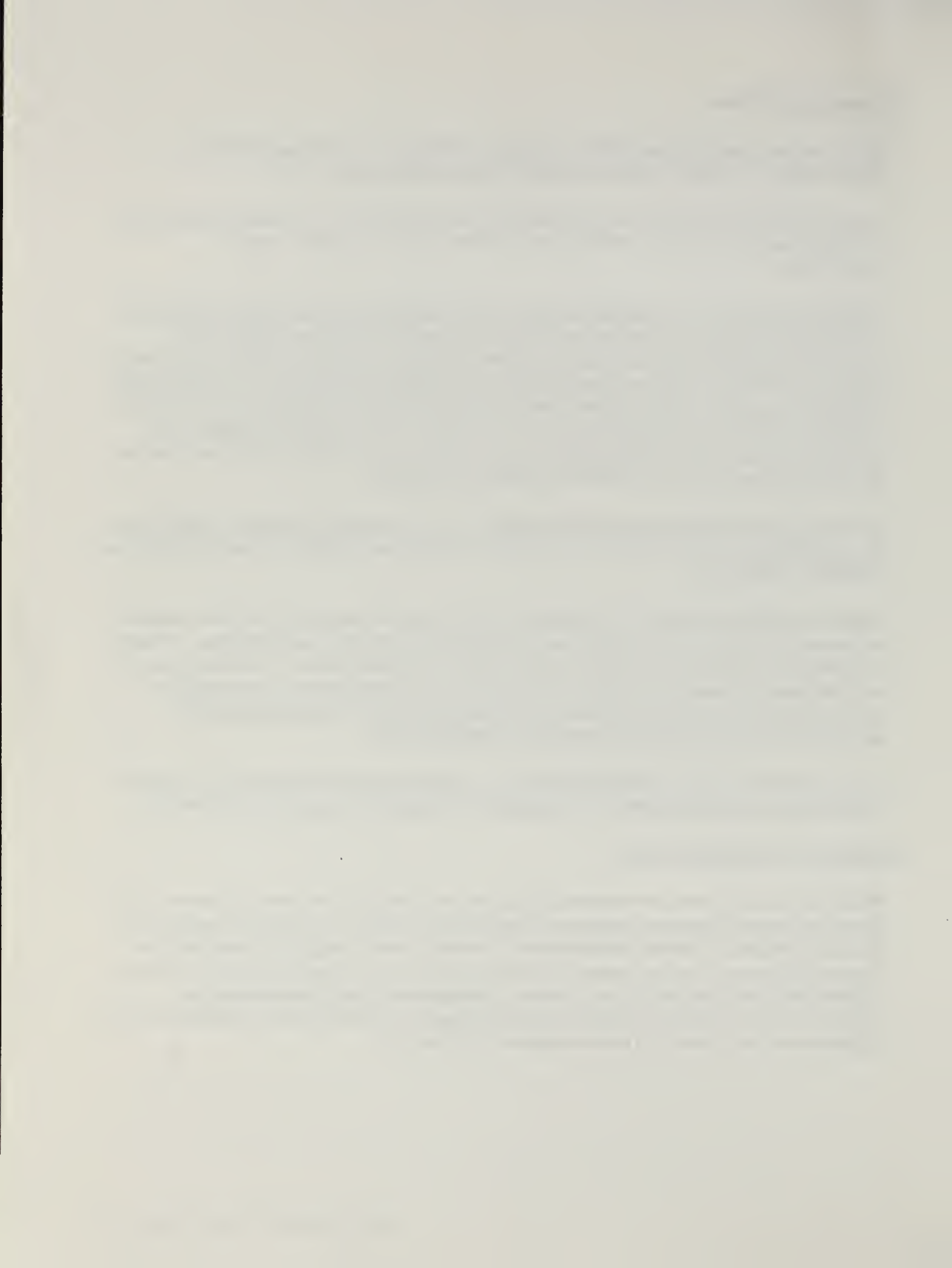
Prior written approval must be obtained from DPH for any subcontracted services. Sub-purchases, e.g., supplies or consultants which are not purchases of organized programs of direct service are not considered subcontracts.

Bidders must clearly identify all subcontractors in their proposals and ensure compliance with the procurement and purchasing standards under 808 CMR 2.08 including these provisions: 1) funds are available; 2) all service providers comply with licensing requirements; 3) conflict of interest and unnecessary purchases are avoided; 4) incentives are offered to businesses owned and/or operated by minority and physically handicapped persons; 5) to the fullest extent possible, subcontracted services should be procured on a competitive basis.

Since the provider is accountable for the satisfactory performance of its subcontractors, the bidder should describe in its proposal how the subcontractor will satisfy the requirements of this RFP.

Affirmative Action Requirements

Before a contract is awarded, the selected bidder must have submitted a corporate Affirmative Action Plan to its Principal Purchasing Agency describing the bidder's action with regard to using minority and women business enterprises; employment of minorities, women, people with disabilities, and Vietnam Era Veterans; and shall comply with the standards set by the Department and the Executive Office of Health and Human Services. For more information the bidder should contact the Affirmative Action Office at its Principal Purchasing Agency. The Affirmative Action Officer for the Department of Public Health is Dennis Johnson at 617-624-5700.



Provider Compliance Requirements

State and Federal Regulations Compliance

All vendors contracting with the Commonwealth of Massachusetts are required to adhere to all applicable State and Federal Regulations. For further detail and a copy of corresponding regulations, contact Jim Cremer at (617) 624-5134.

DCAP Requirements

As indicated in the preceding section entitled, "Core Service Design Principles", the bidder organizations must be in compliance with 1991 Mass. Acts c. 329 to be eligible for new contracts with the Commonwealth. This law states that employers who have fifty (50) or more Massachusetts employees must establish a dependent care assistance program (DCAP) or cafeteria plan whose benefits include a DCAP. In the alternative, an employer may offer its employees child care assistance or on-site or near-site subsidized child care placements in accordance with regulations developed by the Office for Children (102 CMR 12.00).

ADA Requirements

Services and programs provided under this contract must be in compliance with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, Fair Housing Amendments Act, and other state and federal laws pertaining to discrimination of people with disabilities and access. Contractors must assure nondiscrimination and afford equally effective opportunities for individuals with disabilities to participate in and benefit from services and programs provided under this request for proposal. Contractors shall make modifications in agency policies, practices, and procedures, make structural modifications, and provide auxiliary aids and services as needed to assure that the goods and services being purchased by the Department of Public Health under this contract are readily accessible to and usable by people with disabilities. The following is a summary of ADA requirements to assure physical, communication and overall programmatic access to people with disabilities:

Program accessibility - Programs when viewed in their entirety must be accessible to persons with disabilities. Contractors must make necessary modifications in agency policies, procedures, and practices to assure non-discrimination and full participation for people with disabilities. This is necessary unless to do so would fundamentally alter the nature of the program or activity. To achieve program accessibility contractors shall provide auxiliary aids and services that are necessary to facilitate access, communication, and equivalent benefit for people with a wide range of disabilities to the programs and services that DPH is purchasing. (Examples include a TTY, visual smoke detector, captioned films, readers, mobility training, personal assistance services, presentation of simplified information, explanation of procedures, communication devices, elimination of environmental toxins, etc.) Contractor must establish a process for clients/participants to request such modifications or accommodations, procedures for identifying and securing auxiliary aids and services, and designate necessary human and financial resources to assure that accommodations are provided in a timely manner. Structural changes to achieve program accessibility must also be made when other effective means of achieving equally effective opportunities are not available. (See item 4).

Communication Access - Contractors must assure equally effective communication with people who are deaf or hard of hearing, or otherwise have other communication disabilities. Contractors must establish a clear process for clients/participants to request a qualified interpreter or other auxiliary aid or service necessary for effective communication. Contractors must develop procedures for securing a qualified sign language interpreter or other appropriate methods of communication as needed, and designate necessary human and financial resources to assure that accommodations are provided in a timely manner.

Visual/Print Access - Contractors must assure effective access for persons who are unable to read print due to a disability. Such individuals may include those with a visual, learning or cognitive disability. This includes making written materials available in accessible formats, such as tape, large print, or braille (when requested) through the use of certain types of equipment or readers if appropriate, etc. Mobility training, orientation, or assistance must be provided if appropriate for participation in your program's or activity. Contractor must establish a clear process for clients to request these or other such accommodations, procedures for adaptation of written materials, and designate necessary human and financial resources to assure that accommodations are provided in a timely manner.

Physical Access - Contractors must be in compliance with state and federal access codes. Contractors must assure physical access and be willing to make reasonable structural modifications to facilitate access to programs and services purchased under contract with DPH that cannot be made accessible through any other means prior to contracting with DPH. Contractors must also establish a clear process for clients to request additional structural accommodations and designate necessary human and financial resources to assure that accommodations are provided in a timely manner.

Eligibility criteria - Contractors must establish eligibility criteria that does not screen out or tend to screen out persons with disabilities unless such criteria are legitimately necessary for the provision of a service, program, or activity or to assure safety.

Surcharges - Contractors are not allowed to impose surcharges on people with disabilities to offset the cost of providing access.

Employment - Contractors may not discriminate against qualified persons with disabilities in employment practices. Qualified individuals are persons who can perform the essential functions of the job with or without reasonable accommodations. Employers are required to provide reasonable accommodations upon request to the known disability of job applicants and employees unless to do so would impose an undue hardship on the employer.

Grievance procedures - A clear grievance procedure must be established. Compliance Documentation Requirements

Contract Compliance Documentation Requirements

Prior to entering into a contract with the Bureau of Substance Abuse Services, all contractors must submit to the Bureau of Substance Abuse Services an ADA/504 Self-Evaluation Plan describing their compliance with all applicable disability related state and federal non-discrimination and access laws. The ADA/504 Self-Evaluation Plan and applicable policy information is available by contacting BSAS's ADA/504 Coordinator, Margaret Gardner, at the Department of Public Health, BSAS, 250 Washington Street, 3rd Floor, Boston, MA, 02108. The telephone number is (617) 624-5153.

Contract Authorization

Services under the proposed contract may not be rendered until the EOHHS or its designee has approved and filed a Service Request Form (SR Form) with the Comptroller authorizing the services. Providers will receive written notification of authorization. Payment under the contract is contingent upon the execution and filing of a Service Contract (SC) with the Comptroller. The SC must be consistent with the SR Form and the rate approval.

Fiscal Agreement

There are two payment options available to providers: Regular Payment and Ready Payment System.

Regular Payment Plan: All bidders are eligible for regular payment, which is a monthly invoice system. It is the standard payment system under which providers are paid once a month after rendering one month's service and submitting a payment voucher.

Ready Payment System: Only bidders who have 12 months of good contracting experience with a department of the Commonwealth may participate in the Ready Payment System. Under this plan providers may be paid twice a month, on the 15th and 30th. To expedite qualification, a bidder should submit a Ready Payment Application at the same time it submits prequalification documents.

All contracts are subject to Healthcare Finance and Policy, Department of Personnel Administration, or Division of Purchased Services approval pertaining to the fiscal agreement. No payments may be made unless funds have been appropriated and a Service Contract has been executed.

E. DEFINITIONS

Applicant: A prospective bidder on this RFP.

Bidder: A private organization which responds to a RFP by submitting a proposal.

DPH: The Massachusetts Department of Public Health.

DPS: Division of Purchased Services, under the Executive Office for Administration and Finance, the oversight agency for the purchase of services for the Commonwealth.

EOHHS: Executive Office of Health and Human Services.

FTE: Full Time Equivalency - a decimal indicating the percentage of time an employee works on an annual basis. For example, one employee working a 40-hour week for 52 weeks equals 1.0 FTE.

Master Agreement: A memorandum of understanding between a designated Principal Purchasing Agency (PPA) and a provider. Its purpose is to integrate all legal forms, contract terms, signatures and program information into one document. The Service Contract is one component of the Master Agreement.

MMARS: Massachusetts Management Accounting and Reporting System - the automated financial management and accounting system of the Commonwealth.

Minority Provider: A SOMWBA-certified business or non-profit organization with a 51-percent minority interest or control. For purposes of contracting in the MM subsidiary for direct services, the definition of the term "minority" has been expanded to include not only persons who are Black, Western Hemisphere Hispanic, Asian, Native American, or Cape Verdean, but also those who are physically handicapped. (Refer to Minority Business Development Program regulations 801 CMR 11.00.)

PPA: Principal Purchasing Agency - that agency within EOHHS having the greatest total contract dollars awarded to a provider in the most recent fiscal period.

Prequalification Requirements: Financial and organizational information which must be provided by a bidder to the PPA to demonstrate the organization's ability to meet minimum administrative and fiscal standards.

Primary Care Clinician: Qualified primary care physicians, group practices, independent nurse practitioners, acute hospital outpatient departments, and community health centers enrolled by the Massachusetts Medicaid Program to act as the service "gatekeeper" or referral source for all clients participating with them through the Department of Transitional Assistance.

Provider: An organization under contract with the state which provides services to clients of the state.

Purchasing Agency: The Department of Public Health.

Qualified bidder: A bidder who has submitted a qualified proposal and satisfies minimum standards of financial and programmatic capacity.

Qualified proposal: A proposal which meets the minimum mandatory conditions and requirements specified in the RFP.

RFP: Request for Proposals.

Service Area: The geographic area from which a provider intends to draw most of its clients.

Service Contract (SC): The agreement executed between a purchasing agency and a provider for the provision of a particular service. The SC obligates funds and service delivery expectations and is an integral part of the Master Agreement.

SOMWBA: State Office of Minority/Women's Business Assistance which provides assistance in certifying minority and women-owned businesses.

Service Request Form (SR): A contract approval form generated by MMARS to identify and authorize programs of social and rehabilitative services.

III. PROGRAM SPECIFICATIONS

Program specifications for the twenty-four (24) individual RFPs are contained in (5) five separate category booklets labeled Documents 2-6.

Category documents include:

Document #2	Training Centers
Document #3	Prevention
Document #4	Targeted Capacity Building
Document #5	Telephone Information, Referral and Counseling
Document #6	Education Materials Development and Dissemination

The table on the following page gives a more descriptive overview of each category's individual RFPs including purchasing Bureaus and the total funding amount available.

RFP Category/Title	Purchasing Bureau(s)	Total Amount*	Brief Description
Prevention			
Regional Prevention Centers: Inter-bureau	BCDC, BFCH, BSAS, & HIV/AIDS	\$375,000 - \$531,000 per center	To provide technical assistance and training for community prevention programs.
Prevention Support Services: Inter-bureau	BCDC, BFCH, BSAS, & HIV/AIDS	Up to \$680,000	To provide support for statewide prevention system development, capacity building and prevention initiatives.
Training Centers			
Inter-bureau Statewide Training Center	BSAS & BFCH	\$677,300	To provide statewide and regional training activities on substance abuse, osteoporosis, sexual assault prevention, birth defects, prevention, and other related issues. Including support for the prevention conference.
Breast and Cervical Cancer Institute	BFCH	\$90,000-\$100,000	To implement a statewide breast and cervical cancer institute to provide continuing education for health service providers.
Early Intervention Training Center	BFCH	\$300,000	To implement a statewide training center to provide continuing education for families and early intervention staff.
School Health Institute: Inter-Bureau	BFCH & BCDC	\$190,000	To implement a school health institute to provide training and continuing education for school health personnel.
Tobacco Control Training Center	BFCH	\$200,000	To implement a tobacco control training center to provide skill-building and training in the Commonwealth.
Targeted Capacity Building			
Inter-bureau: Substance Abuse and HIV/AIDS	BSAS & HIV/AIDS	\$503,300	To provide HIV/AIDS prevention and treatment training for substance abuse providers and Community Health Centers.
Inter-bureau: Tobacco use within the Substance Abuse System	BSAS & BFCH	\$151,000	To address nicotine addiction within the substance abuse system.
Alcohol and Drug-Free Housing	BSAS	\$125,000	To manage the Massachusetts Revolving Loan Fund: further the development of alcohol and other drug-free housing.
Compulsive Gambling	BSAS	\$330,000	To enhance the capacity of the substance abuse system to the meet prevention and treatment needs of compulsive gamblers and their families.
HIV/AIDS Planning and Systems Development	HIV/AIDS	\$2,100,000	To enhance the capacity of the HIV/AIDS system to meet the prevention and treatment needs of the populations at highest risk of HIV/AIDS infection
Substance Abuse Support Services: Latino	BSAS	\$200,000	To enhance the capacity of the substance abuse system to meet the treatment needs of the Latino Community.
Sudden Infant Death Services	BFCH	\$62,500	To provide comprehensive statewide sudden infant death syndrome services to families and health professionals.
Tobacco Control	BFCH	\$1,000,000	To fund 20 or more programs to enhance the current capacity of tobacco control prevention and cessation services for Massachusetts residents.
Women's Occupational Health Program	BFCH	\$106,500	To provide training to low income working woman in clerical and health fields, enhance capacity of health, education & labor organizations for worksite injury and illness prevention.
Women with Substance Abuse Problems	BSAS	\$474,500	To enhance the capacity of the substance abuse system to meet the needs of women, including: pregnant women, women with dependent children and civilly committed women.
Youth Support Services	BSAS	\$229,500	To support BSAS Youth Programs in their efforts to prevent HIV infection and alcohol, tobacco, and other drug abuse.
Telephone Information, Referral & Counseling			
Food Stamp Hotline	BFCH	\$175,000-\$190,000	To implement a statewide, toll-free food stamp hotline.
Smokers' Quitline	BFCH	\$650,000	To implement the MA Tobacco Control Program's Statewide Smokers' Quitline.
Spanish Language Rape & Sexual Abuse Hotline	BFCH	\$75,000-\$100,000	To provide a statewide, toll-free, 24 hour, Spanish-language hotline for rape and sexual assault prevention and victim services.
Substance Abuse Information & Referral Helpline	BSAS	\$350,000	To provide a statewide, toll-free, 24 hour substance abuse information and education helpline.
Education Materials Dev. & Dissemination			
Health Promotion Clearinghouse	BFCH, HIV/AIDS, BCDC	\$341,000	For the development and statewide dissemination of health education and promotional materials.
Mass Tobacco Educ. Clearinghouse	BFCH	\$250,000	To manage the Massachusetts Tobacco Education Clearinghouse: develop and disseminate educational materials.

* Total Amounts are Subject to Change

IV. STANDARD APPLICATION PACKAGE

A. EVALUATION PROCESS AND CRITERIA

The Department will conduct a multi-level review and evaluation process to determine fundable bids in response to the Statewide Support Services RFP. The bidder's Provider Profile, Proposal Document review, and the bidder's Past Performance will be considered at all levels of this review. When viewed integrally, these three sources offer a clear perspective on the bidder's overall ability to deliver services being procured. In addition, persons outside of DPH, including representatives from other state agencies and consumers with heightened expertise and interest pertaining to the services being procured may be involved in this process. A final ranking is determined upon completion of the review and evaluation process and submitted to the Commissioner for final approval.

1. Provider Profile Electronic Document

The Provider Profile Electronic Document collects information from prospective bidders to assist in determining an agency's ability to sufficiently provide organizational and fiscal support for programmatic services being proposed in the Proposal Document. All prospective bidders are required to complete and submit this document by January 10, 1997, as a function of becoming a qualified bidder for the Statewide Support Services RFP and/or the Community Health Network Area RFP scheduled to be released in mid-February. Information collected as part of this document is introduced into the overall evaluation and review process and may also be used for other DPH systems development purposes. Information about the Provider Profile Electronic Document can be found at the beginning of this RFP document in Section IIC, Qualified Bidder Requirements.

2. Proposal Document Review

Review and evaluation of the bidder's proposal is conducted through a series of reviews. A Review Committee for each RFP will be responsible for: 1) determining that minimum submission criteria are met, as outlined in the Minimum Submission Review Form and the RFP; and 2) evaluating the extent to which submitted proposals reflect the technical specifications outlined in the RFP. An evaluation tool, designed to measure content and quality of bidders' responses to application questions contained in Section IV of each of the 24 individual RFPs, will be used. See Appendix C of this document for the Minimum Submission Review Form, a sample tool and a description of the review process. Proposals are scored at the completion of the review committee process.

3. Bidder's Past Performance

A review and evaluation of bidder's past performance is conducted and incorporated into the overall process for determining fundable proposals, contributing an added dimension in DPH's ability to project an agency's capability to provide proposed future services.

B. APPLICATION INSTRUCTIONS

Read carefully the Request For Proposal(s) of interest to you. The RFPs are located in Documents 2-6 (Prevention; Training; Targeted Capacity Building; Telephone Information, Referral, and Counseling; and Education Material Development and Dissemination). Prepare your proposals according to the specific instructions and questions of the RFP to which you are responding. Your responses to the questions are to be written on the required forms A and B which will become Attachment A and B of the contract if funded. You will find the necessary forms for completing your proposal in this document.

To submit a complete proposal, please do the following.

1. Carefully read all parts of the RFP before writing your proposal.
2. Place your response to each section of the application questions on the corresponding Attachment A form. (Photocopy additional Attachment A forms as needed). **If you are responding to a Prevention RFP (in Document Three), it is important that you use the Attachment A forms labeled "Prevention."** In addition to responding to all application questions listed in each RFP, all applicants must include a brief program definition on the first page of the Attachment A forms. This summary is to provide a quick reference of the services being proposed. Complete the budget on Attachment B budget forms and the budget worksheet. (Note: Some RFPs require more than one budget. Applicants should photocopy budget sheets as needed.)
3. If your agency is proposing a collaborative relationship with another agency, it is the responsibility of the bidders to fully describe each organization's responsibility as they relate to the service intended. Throughout the application, please distinguish the role, responsibility, expertise, and procedures of each participant as needed to provide an accurate and complete picture of the way this service will operate.
4. The first page of each application is the Application Cover Page which can be found as Appendix D of this document.
5. The original and five (5) copies must be submitted unbound with no staples, paper clips, fasteners, or heavy or light weight paper stock within the document itself. The application may be reproduced in order to provide sufficient copies for review committee members.
6. Proposals must be numbered and each section should not exceed the specified limit for number of pages excluding forms, exhibits, and attachments. A standard 12 point font should be used.
7. Federal regulations mandate compliance with Drug Free Workplace Requirements and Federal Lobbying Regulations. Complete, sign, and include in the proposal appropriate forms found following this application section.

C. Budget Worksheets

Using the Budget Instructions and the Commonwealth of Massachusetts Component Price Catalogue, complete:

- a. One (1) Budget Worksheet and (1) Attachment B Budget for the period July 1, 1997 - June 30, 1998. (Note: Some individual RFPs require that more than one separate budget is submitted. Please carefully read each RFP's specific application instructions for complete application requirements.)

V. APPENDICES

- Appendix A:** The Department of Public Health Continuum of Services Chart
- Appendix B:** Request For Provider Profile Diskette
- Appendix C:** Proposal Document Review-Process and Sample Review Tool, Minimum Submission Review Form
- Appendix D:** Application Cover Page

Appendix A: Massachusetts Department of Public Health Continuum of Services

Each of these programs is undergoing a review by the Department with a view toward streamlining and consolidating where appropriate. The programs are currently configured as follows:

COMMUNICABLE DISEASE CONTROL	FAMILY & COMMUNITY HEALTH SERVICES	HIV/AIDS SERVICES	HOSPITAL SERVICES	SUBSTANCE ABUSE SERVICES
<ul style="list-style-type: none"> • State Cooperating STD Clinics • Combined STD/TB Clinics • TB Clinics • Immunization Programs <p>Statewide Support Services:</p> <ul style="list-style-type: none"> • Regional Prevention Centers • Prevention Support Services • Inter-bureau School Health Institute • Health Promotion Clearinghouse 	<p>Community Prevention & Education & Systems Building:</p> <ul style="list-style-type: none"> • Chronic Disease Prevention • Breast & Cervical Cancer Initiative • Prostate Cancer • Adult Diabetes Prevention • Tobacco Populations at Risk • Tobacco Control Youth Education & Leadership • Tobacco Control Local Boards of Health • Tobacco Control Coalitions • Food Stamp Outreach • Teen Challenge Pregnancy Prevention • Lead Poisoning Prevention • Enhanced School Health Services • Community Health Center Enhancement <p>Primary Care:</p> <ul style="list-style-type: none"> • Pediatric Primary Care • Perinatal Primary Care • Combined Primary Care • Comprehensive Adolescent Primary Care • Men of Color • School Based Health Centers <p>Specialized Services:</p> <ul style="list-style-type: none"> • WIC • Growth & Nutrition • Pregnancy & Parenting Support • Developmental Day Care • Rape Prevention & Victim Services • Family Planning Services • Primary Care Smoking Cessation <p>Statewide Support Services:</p> <ul style="list-style-type: none"> • Regional Prevention Centers • Prevention Support Services • Inter-Bureau Statewide Training Center • Tobacco Education Clearinghouse • Tobacco Control Training Center • Tobacco Targeted Capacity Building • Breast & Cervical Cancer Training Institute • Early Intervention Training Center • School Health Institute • Sudden Infant Death Syndrome Services • Food Stamp Hotline • Smokers' Quitline • Women's Occupational Health Program • Spanish-Language Rape and Sexual Abuse Hotline • Health Promotion Clearinghouse 	<p>Health & Residential Services:</p> <ul style="list-style-type: none"> • ACT Now Primary Care • Comprehensive Home Health • Residential Programs <p>Prevention & Education for:</p> <ul style="list-style-type: none"> • Injection drug users • Men who have sex with men • Women at risk • Adolescents at risk • Other priority populations <p>Multiservice Contracts:</p> <ul style="list-style-type: none"> • Community Health Center Services • Community of Color Capacity Development • Multiservice programs <p>Counseling, Testing & Client Services:</p> <ul style="list-style-type: none"> • HIV Counseling & Testing • Client Services/Ryan White Title II Consortia • Boston Area Client Services <p>General Programs:</p> <ul style="list-style-type: none"> • Comprehensive Training Institute • AIDS Tax Fund Programs • Research • HIV Drug Assistance • Needle Exchange <p>Statewide Support Services</p> <ul style="list-style-type: none"> • Regional Prevention Centers • Prevention Support Services • Substance Abuse and HIV/AIDS Targeted Capacity Building • Health Promotion Clearinghouse • HIV/AIDS Planning and Systems Development 	<ul style="list-style-type: none"> • Tewksbury Hospital • Medical Services 	<p>Prevention Services:</p> <ul style="list-style-type: none"> • Regional Prevention Centers • Youth Programs <p>Acute Inpatient Care:</p> <ul style="list-style-type: none"> • Acute Inpatient Treatment Services: Level III A, B, C <p>Ambulatory Services:</p> <ul style="list-style-type: none"> • Acupuncture Detoxification • Driver Alcohol Education • Narcotic Treatment Services • Outpatient Counseling <p>Residential Rehabilitation:</p> <ul style="list-style-type: none"> • DUI/L (2nd Offender) • Recovery Homes & Therapeutic Communities • Social Model Residential Rehabilitation • Substance Abuse Family Treatment Shelters <p>Community Support:</p> <ul style="list-style-type: none"> • Child Care • Community-Based Case Management • HIV Risk Reduction Education • Public Inebriate Programs • Supportive Housing Services <p>Statewide Support Services:</p> <ul style="list-style-type: none"> • Alcohol & Other Drug Free Housing • Compulsive Gambling • HIV/AIDS and Substance Abuse • Information and Education Helpline • Latino Substance Abuse Services • Quality Improvement Collaborative • Research and Evaluation • Statewide Training Center • Tobacco and Substance Abuse • Women's Services • Youth Support Services • Regional Prevention Centers

Appendix B

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR PROVIDER PROFILE DISKETTE

Each agency intending to submit proposals in response to the Department's Statewide and Community Health Network RFPs needs to complete and submit to DPH in electronic form a "Provider Profile."

Your agency does not need to request for a Provider Profile diskette if it is currently providing services to DPH under contract. A diskette will automatically be sent to your agency's Executive Director or the identified contact person.

If your agency does not currently have a contract with DPH and would like to receive a Provider Profile diskette, please provide the following information and fax to Hong Vuong at 617-624-5261.

FEIN:

AGENCY NAME:

AGENCY ADDRESS:

CONTACT/EXECUTIVE DIRECTOR:

TELEPHONE NUMBER:

TODAY'S DATE:



Appendix C

Proposal Document Review - Process and Sample Review Tool

Process

Qualified proposals will be read and evaluated by reviewers. Each reviewer will use an evaluation tool designed to measure the applicant's response to each application question asked in the RFP. Following the assigning of scores by each reviewer, committee members will meet to deliberate and assign a final committee score for each evaluation section of the proposal. Upon agreement on committee scores for all applications, a SOMWBA score will be added, if applicable and applications will be ranked by committee scores.

Sample Review Tool (See sample tool provided)

One example of a review tool is offered below. Using this tool, the reviewer scores the applicant response to each of the individual RFP questions on the basis of content and quality. These scores are then individually weighted for each application question/section prior to arriving at a total score.

Content scores are based on the presence or absence of the required narratives and/or documentation. (Quality is not considered in establishing a content review score.) There are three possible ratings for content:

- 0 = Narrative or documentation is not present in the application
- 15 = Narrative or documentation is present but not complete
- 30 = Narrative is present and complete

Items scored as not present (0) may not receive a Quality score.

Items scored as partial (15) may receive a Quality score but there must be strong justification for an outstanding score.

Quality scores are based on minimal acceptable standards. Reviewers are asked to select between the Poor, Adequate, and Outstanding ratings offered below. When an item appears to fall between ratings the reviewer chooses the score which best reflects the quality of the materials in the application. For this step there are three possible ratings:

- 30 = Poor - does not meet minimum acceptable standards
- 50 = Adequate - meets minimum acceptable standards
- 70 = Outstanding - exceeds minimum acceptable standards

The final score is the sum of the Quality Score and the Content Score.

EVALUATION FORM
STATEWIDE SUPPORT SERVICES RFP

Applicant

Reviewer Number

I. PROGRAM DESCRIPTION

1. Describe the program's experience in developing, implementing and coordinating services.

Content		+	Quality		=	Score
0	15	30	+	30 50	70	

Comments:

2. Describe the program's experience in establishing affiliations and linkages with relevant health and human service organizations.

Content		+	Quality		=	Score
0	15	30	+	30 50	70	

Comments:

MINIMUM SUBMISSION REVIEW FORM

APPLICANT: _____

DATE:

PROGRAM TYPE(S): _____

REVIEWER: _____

A. DOCUMENTS/SUBMISSIONS REQUIRED BY REGULATION:

____ SIGNED COVER PAGE

____ PROGRAM DESCRIPTION

____ PROPOSED BUDGET

____ AGENCY OR PROGRAM ORGANIZATION CHART

____ JOB DESCRIPTIONS

____ PROOF OF LICENSURE/ACCREDITATION/CERTIFICATION

____ PROOF OF SOMWBA CERTIFICATION (if applicable)

B. APPLICANT HAS SUBMITTED PRE-QUALIFICATION MATERIALS YES NO

C. APPLICANT HAS SUBMITTED PROVIDER PROFILE DOCUMENT YES NO

Note: Qualified bidder and Minimum Submission materials may have been submitted as part of the Provider Profile Document and/or as part of the applicant's proposal.

STATEWIDE SUPPORT SERVICES RFP

APPLICATION COVER PAGE

Organization Information

Legal Name _____

Address _____

Telephone _____ Fax _____

Executive Officer _____

Executive Director _____

Minority Business _____

Program Type _____

Program Name _____
(common name of program)

Program Address _____
(if different than legal address)

Program Telephone _____ Fax _____

Program Contact Person _____

Signature of individual authorized to sign contracts: _____

Title _____

Date _____

Please complete and attach as the first page of your application.

VI. ATTACHMENTS

Attachment A Forms
Attachment A Forms (Prevention)
Attachment B Forms and Instructions

ATTACHMENT A:
Program Description

Proposal
 Contract

Service Contract:

--

Provider

Purchaser

Corporate Name:	State Agency Name:
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Program

Program Name:	UFR Program Number:
Address:	
City/State/Zip:	
Program Capacity: Number:	Unit Type:
Program Code:	Program Type:

Program Definition:

ATTACHMENT A:

Service Contract:

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Corporate Name:	Program Name:
-----------------	---------------

Section I (A, B, C): Program Description

ATTACHMENT A:

Service Contract:

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Corporate Name:	Program Name:
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Section II: Desired Program Results and Program Assessment

ATTACHMENT A:

Service Contract:

--

Corporate Name:

Program Name:

Section III: Budget (Excluding the Budget Forms)

**PREVENTION
ATTACHMENT A:
Program Description**

- Proposal
 Contract

Service Contract:

--

Provider

Purchaser

Corporate Name:	State Agency Name:
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Program

Program Name:	UFR Program Number:
Address:	
City/State/Zip:	
Program Capacity: Number:	Unit Type:
Program Code:	Program Type:

Program Definition:

**PREVENTION
ATTACHMENT A:**

Service Contract:

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Corporate Name:	Program Name:
-----------------	---------------

Section A: Relevant Experience

**PREVENTION
ATTACHMENT A:**

Service Contract:

--

Corporate Name:	Program Name:
-----------------	---------------

Section B: Core and Categorical Areas

100

100

100

**PREVENTION
ATTACHMENT A:**

Service Contract:

Corporate Name:

Program Name:

Section C: Agency Support, Administration, and Other Structures

**PREVENTION
ATTACHMENT A:**

Service Contract:

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Corporate Name:	Program Name:
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Section D: Budget Narrative

ATTACHMENT B INSTRUCTIONS

COST REIMBURSEMENT BUDGETS ONLY

NOTE: General Reminders

- * Program Budget Page 2: The 'Direct Program Support' component (Non-personnel administrative costs directly attributable to the program) is listed under Category 2: Other Direct Care/Program Support. Category 4 is limited to Agency Administration.
- * Non-reimbursable expenses: The Non-Reimbursable Cost Schedule is designed to help providers meet the existing requirements regarding disclosure and treatment of non-reimbursable expenses in the budget.

FISCAL CONDITIONS/PROGRAM BUDGET PAGES

GENERAL

The budget is to reflect TOTAL ANNUAL costs associated with the twelve-month fiscal year operation of the program and not just those portions purchased by the Commonwealth (if the Commonwealth is not buying the entire program). If this budget is for a "late start" program that begins partway through the year, you would still list total current fiscal year annualized program resources and then prorate the reimbursable line amounts by use of offsets. If this is a start-up budget, list "one time" costs separately, identify with an asterisk and label accordingly.

Often the contract maximum obligation is less than the total program cost. In these cases, the total annual budget will be adjusted through the use of offsets and other sources of revenue (from other purchasers of program capacity). In a cost reimbursement budget such offsets are listed on pages 1 and 2 of the Program Budget.

For all program budgets, the reimbursable amounts shall NOT include the cost of certain fund-raising, discriminatory benefits, excessive related party costs and other items deemed "disallowed" by regulation (See 808 CMR 1.15 and OMB Circular A-122 or A-21). Any such non-reimbursable costs must be itemized on a separate schedule and the provider must identify private (non-Commonwealth) sources of revenue to pay for such expenses.

IN ALL CASES PROVIDERS SHOULD BE USING THE MOST CURRENT COMPONENT PRICE CATALOG WHEN CATEGORIZING RESOURCES ON THE BUDGET. However, only those contracts that were bid and awarded in accordance with Component Pricing must adhere to the actual Catalog price ranges in preparing the budget. In the remaining cases (including renewals), providers and purchasing agencies may use the prices in the Component Price Catalog ranges as a guideline in their negotiations.

INSTRUCTIONS FOR COMPLETING PROGRAM BUDGET PAGES

(Cost Reimbursement)

Step 1: Complete the header information on each page.

Service Contract: Eleven digit MMARS contract identification number.

Corporate Name: Name of the provider agency used in articles of incorporation or organization.

State Agency Name: Name of Commonwealth agency executing this contract.

ATTACHMENT B INSTRUCTIONS continued p.2

(Cost Reimbursement)

Vendor Code: Provider FEI number or vendor number used on MMARS.

Program Name: From Attachment A.

UFR Program #: From Attachment A.

Program Code: From Attachment A.

Unit of Service: The best measure of productivity or output or dynamic capacity of the program that can be established, even if reimbursement is not on a unit basis. Be specific about what constitutes the unit; e.g. a bed-day is a 24-hour period of time. Use consistent definition throughout contract. Check with the purchasing agency if there are any questions.

Utilization Factor: Enter N/A.

Rate Type: Check the method of reimbursement.

Step 2: Under each of the appropriate budget categories complete the following information.

(Cat. #) Program Component: Using the Component Price Catalog numbers and component titles, list all resources specified in Attachment A that are needed to operate the program in this column on pages 1 and 2 of the Program Budget. It is essential to review the Catalog's program component definitions and index carefully in order to avoid misclassifying required resources. LIST THE COMPONENTS IN THE ORDER THEY APPEAR IN THE COMPONENT PRICE CATALOG, USING THE EXACT CATALOG NUMBER AND COMPONENT TITLE FOR EACH RESOURCE.

Note: Non-reimbursable costs, as defined in 808 CMR 1.15 (state) and OMB Circular A-122 or A-21 (federal), should be listed in the budget, but will be deducted from the total program expenses under program offsets - Line 2b of the Unit Rate/Maximum Obligation Calculation Page - and itemized separately.

Step 3: FTE: For each Direct Care/Program Staff component listed on page 1 of the program budget, enter the required full time equivalents in the FTE column. Add all FTE's of the same title on one line.

Step 4: Amount: For each "Program Component" listed in the budget, enter the agreed to or stipulated total cost in dollars under the Amount column.

(Exception: For programs funded in part by federated fund-raising organizations or other support exempted by the Philanthropic Giving Act, you must either show the expenses and record the exempt support as a voluntary offset, or in the alternative, you must not include those program expenses in the budget which your agency plans to match against the exempt support.)

Step 5: Enter the subtotals for each category and then the total program amount in the Program Total box at the bottom of page 2.

ATTACHMENT B INSTRUCTIONS continued p.3

(Cost Reimbursement)

Step 6: Offset: Fill in the dollar amount (or 0, if no offset) to be offset from each position or other cost component in the "Offset column on pages 1 and 2. The offset may be a distribution of a grant or other source of funding for general program support or it may be specific to a particular position (e.g., state staff) or other component (e.g., food stamps offsetting the cost of meals). The offset amount will also include other payors' program support if this contract is buying only a portion of the program capacity.

NOTE: Carefully review the budget to determine if any costs are non-reimbursable under state regulation (808 CMR 1.15). If the program is partially or wholly federally funded, federal OMB Circular A-122 (or A-21 if provider is a college or university) must be reviewed as well. Any non-reimbursable portion of any line **MUST** be offset with private (non-Commonwealth) funds and the subtotal of offsets specifically for all non-reimbursable expenses must be entered in Line A at the bottom of Page 2. "Attachment B: Non-Reimbursable Cost Program Offset Schedule" must also be completed and attached to the budget.

Attachment B: Non-Reimbursable Cost Program Offset Schedule:

If **NO** non-reimbursable costs are included in the program budget, enter N/A on this page and attach to the budget. Otherwise complete this schedule as follows:

Program Component: For each Program Component listed on the Budget that includes non-reimbursable costs, list the line # and a description of the non-reimbursable cost.

State and/or Federal Reg.: Enter "S" if the cost is disallowed under state regulation (808 CMR 1.15), or "F" if disallowed under federal OMB Circular A-122 (or A-21, if applicable), or "S/F" if both.

Cost: Enter the portion of the program budget line amount that is non-reimbursable.

Source of Funds for Offset: Enter the source of private funds that will be used to offset the non-reimbursable cost.

Related Party?: Enter YES if the non-reimbursable cost is due to limitations imposed on related party transactions, or NO if non-reimbursable under other provisions.

Name of Related Party: If YES, identify the name of the related party entity for the listed cost.

Step 7: Source: Cite the source of offset for each line. Non-reimbursable costs must be offset with funds from non-Commonwealth sources only.

Step 8: Reimbursable Cost: Subtract each offset from the corresponding number in the "Amount" column and enter the result in the "Reimbursable Cost" column. Enter Totals where required. The Reimbursable Cost amounts become the cost reimbursement line item budget against which monthly expenditure reports will be filed.

UNIT RATE/MAXIMUM OBLIGATION CALCULATION PAGE

Step 9: Calculate a maximum obligation on this page as follows:

Line 9: Carry the Program Total from the Reimbursable Cost column on page 2 over to Line 9.

ATTACHMENT B INSTRUCTIONS continued p.4

(Cost Reimbursement)

10. Invoice Offsets: Generally N/A for cost reimbursement contracts. If invoice offsets are anticipated enter and subtotal such resources here. List the specific source for each amount entered. (Client-specific revenues, such as client SSI or food stamp contributions, sliding fee collections, third party partial payments, etc., are treated as invoice offsets because they reduce the amount of the Commonwealth's obligation for services to those clients.)

SUBTOTAL: Add the amounts in Line 10 and enter here.

11. Maximum Obligation

Non Capital Budget: Subtract Subtotal of Line 10 from Line 9.

12. Capital Budget: Enter Total from Capital Budget Form; if applicable.

13. Total Contract

Maximum Obligation: Sum of Lines 11 and 12.

FOR INFORMATION ONLY:

Other Revenue Sources: Leave blank for cost reimbursement contracts; other revenues sources will have already been subtracted from the budget as line item offsets on pages 1 and 2.

ATTACHMENT B:
Fiscal Conditions/Program Budget

Service Contract:

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Corporate Name:	State Agency Name:		
Vendor Code:	Program Name:	UFR Prog #	Prog Code

Define Unit of Service and Utilization factor:		
Neg. Unit _____	Cost Reimb. _____	Accom. Purch _____

Cat	Program Component	FTE	Amount	COST REIMBURSEMENT ONLY		
				Offset	Source	Reimbursable Cost
	1. Direct Care/Program Support Staff					
101	Program Manager					-
102	Program Director					-
103	Assistant Program Director					-
104	Supervising Professional					-
105	Physician					-
106	Physician's Assistant					-
107	Registered Nurse- Masters					-
108	Registered Nurse					-
109	Licensed Practical Nurse					-
110	Pharmacist					-
111	Occupational Therapist					-
112	Physical Therapist					-
113	Speech/Hearing Therapist					-
114	Dietician/Nutritionist					-
115	Special Education Teacher					-
116	Teacher					-
117	Day Care Director					-
118	Day Care Lead Teacher					-
119	Day Care Teacher					-
120	Day Care Assistant Teacher/Aide					-
	SUBTOTAL		-	-		-

ATTACHMENT B:
Fiscal Conditions/Program Budget

Page One B

Service Contract:

Corporate Name:	State Agency Name:
Vendor Code:	Program Name: UFR Prog # Prog Code

Program Component	FTE	Amount	COST REIMBURSEMENT ONLY		
			Offset	Source	Reimbursable Cost
1. Direct Care/Program Support Staff					
121 Psychiatrist					-
122 Psychologist - Ph.D.					-
123 Psychologist- Masters					-
124 Social Worker-LICSW					-
125 Social Worker-LCSW					-
126 Social Worker-LSW					-
127 Licensed Counselor					-
128 Certified Vocational Rehab. Counselor					-
129 Substance Abuse Counselor					-
130 Counselor					-
131 Case Worker/ Manager					-
132 Case Worker/Manager- Masters					-
133 Direct Care/Prog Staff Supervisor					-
134 Direct Care/Program Staff III					-
135 Direct Care/Program Staff II					-
136 Direct Care/Program Staff I					-
137 Program Secretarial, Clerical Staff					-
138 Program Support					-
Direct Care I - Sleep					-
SUBTOTAL		-	-		-
SUBTOTAL PAGE 1A		-	-		-
SUBTOTAL STAFF		-	-		-
150	Payroll Taxes	-			-
151	Fringe Benefits	-	-		-
1. Total Direct Care/Program Staff		-	-		-

ATTACHMENT B: PROGRAM BUDGET

Program Name:		Service Contract Number:		
		COST REIMBURSEMENT ONLY		
		Offset	Source	Reimbursable Cost
2. Other Direct Care/Program Support				
201	Program Consultants			-
202	Direct Care Specialists			-
203	Provider Reimbursements/Stipends			-
204	Staff Training			-
205	Staff Mileage/Travel			-
206	Subcontracted Direct Care			-
207	Meals			-
208	Client Transportation			-
209	Incidental Health/Med Care			-
210	Medicine/Pharmacy			-
211	Client Personal Allowances			-
212	Provision of Material Goods			-
213	Data Processing			-
214	Commercial Resources			-
215	Program Supplies & Materials			-
216	Program Support			-
2.Total Other Direct Care/Progr		-	-	-
3. Occupancy				
301	Program Facilities			-
302	Facilities Operation, Maintenance & Furnishings			-
3.Total Occupancy		-	-	-
SUBTOTAL		-	-	-
4. Administrative Support				
Applicable Policy Cap _____%				
410	Agency Admin Support Allocation	-	-	-
5. For Profit Earnings Factor				
PROGRAM TOTAL *		-	-	**

*** A. Subtotal of offsets which are for non-reimbursable costs.

* Carry to line 1 UNIT/RATE MAXIMUM OBLIGATION CALCULATION PAGE.

** FOR Cost Reimbursement Programs, carry to line 9 of UNIT RATE MAXIMUM OBLIGATION CALCULATION PAGE.

*** Non-reimbursable costs must be shown on the detail schedule, when the program is subject

to the provisions of Federal OMB Circular A-122 and/or 808 CMR 1.00.

ATTACHMENT B: UNIT RATE/MAXIMUM OBLIGATION CALCULATION PAGE

Program Name: _____

Service Contract Number: _____

UNIT RATE DEVELOPMENT

1. Program Total Expense _____

2. Program Offsets* _____

Source	Amount
_____	_____
_____	_____
_____	_____

b. Offsets for non-reimbursable costs _____

2. SUBTOTAL _____

* Non-Reimbursable costs must be listed as offsets to program expenses on line 2b and on a separate detail schedule, when the program is subject to the provisions of Federal OMB Circular A-122 and/or 808 CMR 1.00.

3. Net Adjusted Program Expense. (Line 1 minus Line 2)

	Number	Unit Type
4. Total Program Capacity	_____	_____
5. Utilization Allowance	_____	_____
6. Program Divisor	_____	per _____
7. Program Unit Rate (Line 3/ Line 6)	<input type="text"/>	_____

MAXIMUM OBLIGATION CALCULATION

8.a. Contract Share of _____

Total Program Capacity _____ Units (_____ % of line 4)
(Unadjusted for Utilization Allowance)

b. Billable Units Units
(Line 8a Units x Line 5)

9. Enter Line 8b x Line 7 _____

(For Cost Reimbursement, enter Reimbursable Cost Total from Program Budget)

10. Invoice Offset	Source	Amount
_____	_____	_____
_____	_____	_____

10. SUBTOTAL _____

11. Maximum Obligation - Non Capital Budget (Line 9+Line 10) _____

12. Capital Budget. (From Capital Budget Form) _____

13. Total Contract Maximum Obligation for Program. (Line 11+Line 12) _____

For Information Purposes Only - Other Revenue Sources (Only if Line 8b divided by Line 6 is less than 1)

Source	Amount	Source	Amount
_____	_____	_____	_____

